

The key-note of nursing in acute articular rheumatism is summed up in these last words, "danger of cardiac complications," against which danger we have to fight from the beginning to the end of the disease.

THE INTERNATIONAL COUNCIL OF NURSES

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AFTERNOON SESSION

II.—Education

SUGGESTIONS FOR EDUCATIONAL STANDARDS FOR STATE REGISTRATION

DISCUSSION ON MISS NUTTING'S PAPER

MISS ISLA STEWART (Great Britain) said she had listened with great interest and some apprehension to Miss Nutting's paper. It might be possible to include all that she advocated in the curriculum of training in America, but she did not think it could be done at present in Great Britain. If probationers learnt the elements of anatomy and physiology, —and no thorough knowledge could be obtained without practising dissection,—she considered that sufficient. A good deal could be taught as to the action of drugs without practical dispensing. However many years of study a nurse went through, it must be remembered that the pecuniary value for the skilled services of the average nurse would never be more than two pounds two shillings a week, and there must be some relation between outlay and subsequent earnings.*

Miss Stewart said she felt strongly that nothing less than three-years' practical training at the bedside of the patients in hospital wards could be considered adequate. Preliminary training was very largely a financial question. If it could be arranged in connection with central schools, it would be excellent. She doubted if nurses remembered very much that they were taught in lectures. She thought there was much wisdom in the assertion of a certain Hungarian professor: "What I teach you is of no use to you; the only knowledge of use to anyone is that which he learns in silence and solitude, with sorrow and sometimes with tears." She was a believer in hard work during the training period; the necessary discipline aided the development of character. For herself,

* In the United States a graduate nurse can earn from five pounds to seven pounds a week.

looking back to her own training, she felt glad that she had not served her probation in easier times.

MISS MARGARET HUXLEY (president of the Irish Nurses' Association, Dublin) said: "I have come to the conclusion that three years are necessary to efficiently train an ordinary woman in the art of sick-nursing, and that one of the most important and valuable studies preparatory to training is the study of human nature in its various phases.

"It is not possible to attach too much importance to primary education; it pervades the whole character and quality of work, it enables one to estimate and correctly value the unforeseen, which so largely enters into a nurse's daily life; therefore a broad education is to be desired rather than one including the higher special branches of knowledge and of possibly less breadth, and I would suggest, as a minimum standard and workable basis, the sixth standard of Board School education, including a knowledge of such authors as Shakespeare, Scott, Lytton, Thackeray, and Dickens. I mention these writers, feeling that a knowledge of them implies a certain class, who, though not learned, are more or less cultured, and have at least studied human nature as portrayed by these masters.

"What may be called domestic science is equal in importance to the theoretical education of nurses. Every probationer before admission to the wards should know how to perform all manual labor connected with the hygienic surroundings of the sick and should be skilled in household work. There may be difficulty in acquiring this skill concurrently with school studies, therefore each nurse-training school should provide for it.

"The first three months should be devoted to acquiring proficiency in invalid cooking, bed making and changing, the correct method of filling water-beds, rubber hot-water bottles, the use of thermometers (clinical and otherwise), the preparation and making of poultices, enemata, etc.—in fact, all details connected with nursing that can be learnt without the actual presence of a patient.

"In enumerating the foregoing I have not mentioned sweeping, dusting, washing, and scrubbing—vulgarly called 'dirty work;' but as it embodies the fundamental principles of aseptic surgery, it should take a primary place in every nurse's education.

"During these three months time should be allotted for the study of hygiene, anatomy, and physiology; of these subjects I would emphasize that of hygiene, as being the most important. A thorough understanding of its laws would enable the nurse to carry out essential hygienic details, and under any given circumstance to place her patient in the most favorable conditions for the recovery of health. I am not prepared

to mention any particular text-books, but would advocate that those recommended should be suitable for the use of nurses.

"Prepared in the manner indicated, the probationer would enter the wards—where her practical education begins—well equipped to train her power of observation; she would be familiar with the names and uses of the special appliances for the sick, and would be ready and able to take an intelligent interest in the patients, to observe the deviations from health, the effect of treatment, also the use and effect of drugs.

"The time spent in the wards might be divided as follows:

"Eight months in medical wards and eight months in fever wards, where the probationer would have opportunities to apply ice-bags, poultices, fomentations, leeches, and blisters, carrying out their after-treatment; administer medicines, oxygen, baths, hot and cold packs, nutrient and other injections, including hypodermic injections; the destruction of sputa, disinfection of excreta, beds, bedding, linen, furniture, and apartments; learn to wash patients in bed, the care of their hair and nails, and the prevention of bed-sores, and to prepare for tapping, aspirating, and intravenous injections, etc.

"Eight months in surgical wards, including theatre work, the preparation and sterilization of dressings, sutures, and instruments, padding splints, mixing lotions, and the care and disinfection of her hands.

"Three months in gynecological wards, having the preparation and after-nursing of laparotomy patients, douching, washing out of the bladder, and catheterization.

"Three months in children's wards, where extra watchfulness is required to note changes and the meaning of them.

"Three months in accident wards, where prompt skill is acquired in undressing patients admitted with fractures and burns, preparing fracture beds and splints, and dressing burns.

"I have not yet mentioned any of the special branches, such as ophthalmic and monthly nursing, massage, or the care of the delirious or temporarily insane; of the latter, all nurses have some experience in the medical and fever wards of Irish hospitals, due, possibly, to habits of intemperance and the excitable temperament of the people.

"During the months spent in the wards the pupil should attend lectures in hygiene, anatomy, and physiology, also lectures on general and special nursing, including instruction in poisons, their antidotes, as well as the proper administration of drugs, their uses and effects.

"In the brief space of ten minutes I find it impossible to mention all that occurs to my mind in connection with the training of nurses or the further education of those desiring to work as hospital sisters or matrons; but for the nurse our aim should be to keep the educational

qualifications for State registration well within workable limits of the candidates who present themselves for training to-day, and distinct from any appearance of vieing with the theoretical work of medical students, and to insist on a clear understanding of the subjects taught, and thorough proficiency and dexterity in the manual labor entailed in carrying out any treatment that may be ordered."

MISS MOLLETT (Southampton) thought a certain amount of theory was essential for nurses, not because it was desirable that they should have medical knowledge, but because it was necessary that they should know the principles underlying their work. She thought the great difficulty in teaching nurses arose from the very poor general education most women received. The difficulty of teaching them to think, to observe, was immense. Without the faculty of assimilation, all the lectures in the world were useless to them.

MISS MAUD BANFIELD (Philadelphia) said she had the unusual advantage of acquaintance with the English and American systems of training, and knew the difficulties and virtues of both. The scheme which Miss Nutting had described worked perfectly in her own school, but it was difficult, and in some cases impossible, for others to follow literally in her footsteps. At the Polyclinic Hospital, Philadelphia, the wards and the Nurses' Home were utilized as teaching ground. The probationers did the ward work, under the supervision of a specially appointed instructor. They also were taught in the same way the care of the sick. The very sick were left to the care of the thoroughly trained, but one side of the ward was taken charge of by probationers, who were responsible to the instructor for their work, and she in her turn was responsible to the head nurse for its due performance. They worked in the wards for four hours a day, principally in the morning, but returning at four o'clock in the afternoon, to take temperatures, etc. They also worked in the dispensary and out-patient departments, and sterilized dressings; thus they helped, not hindered, the work of the wards. She thought Miss Nutting's paper perhaps sounded unnecessarily alarming to English ears. It was an American custom to call things by long names. To say that nurses were taught *materia medica* did not imply exhaustive knowledge, but it was of considerable use to them to know doses, to know the effects of drugs, and the symptoms to be looked for—as, for instance, when a patient was taking mercury. All these things could be taught by an instructor on the lines described; the expense entailed was simply the expense of housing and maintaining an additional number of pupils and the salary of the instructor. In view of the increased efficiency insured, this small additional outlay was eminently worth while.

A point which she also mentioned was the increased happiness of the pupils. When the system was first started at the Polyclinic Hospital there were two probationers about to be sent away as unsuitable. They were, instead, put back into the preliminary class in the charge of the instructor. The way they developed was marvellous. They took hold of the work, they developed keen intelligences, and were now most promising nurses. They had been swamped in the rush of a busy hospital.

MISS GOODRICH (New York) said she would like to point out that throughout Miss Nutting's paper continual emphasis was laid on the paramount importance of practical work, and that there was no instruction like that given at the bedside. The paper was the outcome of practical experience of a system which had been tried and found successful. It was noteworthy that, in connection with the system which Miss Banfield had explained, patients nursed before and after the system was inaugurated had asserted that the difference to their comfort in the methods of handling under the old system and under that in which the probationers received daily instruction was marvellous.

MISS MARY BURR (London) said that as a nurse she felt **very** strongly the need for definite, systematic teaching, perhaps because during her own training she had very little. It was not every ward sister who was a born teacher, or who could make what she herself knew clear and simple to others. She thought if the training-schools were to get the best results time must be apportioned for both practical and theoretical work. Nurses frequently went to their lectures at the end of the day, when they were fagged out mentally and physically and were not in a condition to absorb knowledge. She must say that as a probationer the time she had for assimilating knowledge for herself, "in silence and solitude," was exceedingly limited.

MISS ROGERS (Leicester) said that matrons knew to their sorrow the need of preliminary training, but she thought that the mothers of England should realize their responsibility to their girls. When some pupils entered the training-schools—and it was no uncommon thing—who did not even know when a kettle boiled, did not know that tow should not be put down the sink, it was impossible to teach them in a three-years' professional training all the practical domestic details they ought to have learnt in their own homes.

Another point of interest brought forward by a member was that the three years in hospital was a preparation for future work. When the training-schools worked nurses for fourteen hours a day they left them tired out at the end of their training and ill-fitted to enter upon serious professional work. Further, with a fourteen-hours' day it was impossible that they should have time for study.

MISS CLARA LEE (Kingston) said she thought probationers failed to get the greatest advantage from lectures because there was a long gap between the age of eighteen, when they left school, and that of twenty-three, when they took up hospital work, and many had lost the habit of learning.

MISS STEWART thought that lack of general education was at the root of the trouble, but she was in favor of accepting probationers at an early age. The youngest at St. Bartholomew's Hospital was twenty-one.

MRS. FENWICK said that before proposing a resolution she desired to put on record how heartily she agreed with every word of Miss Nutting's splendid paper, and the educational course which she advocated. The scheme, perhaps, sounded more difficult than it really was in its practical application. She had the pleasure of visiting the Johns Hopkins Hospital in 1901, and had seen the system advocated in practice; there was nothing attempted that could not be carried out by any well-organized training-school for nurses, although she was inclined to think that much of the preliminary training of a nurse could be given in central schools, and so relieve the hospitals of the expense.

RESOLUTION.

Mrs. Fenwick then invited Miss Isla Stewart to take the chair whilst she proposed the following resolution:

"WHEREAS, The disorder existing to-day in nursing conditions is due chiefly to inequalities of training and differing educational standards; and

"WHEREAS, The serious and responsible work of a nurse demands not only excellent moral qualities, but also the trained intelligence and cultured mind of the well-educated woman; and

"WHEREAS, The principle of registration by the State is now generally conceded as safeguarding the public health, and as promoting a more thorough education of nurses; now, therefore, be it

"Resolved, That every person assuming the position of a trained nurse should give proof of the following minimum preparation for such work:

"(a) A good general education.

"(b) A preliminary course in domestic science, elementary anatomy, physiology, bacteriology, materia medica, and technical preparation for ward work.

"(c) Three complete years of practical work in hospital wards under qualified instructors.

"And be it further

"Resolved, That this minimum preparation should be examined and registered by the State; and, lastly, be it

"Resolved, That it is the duty of the training-schools to certify to the qualities of character and moral fitness of candidates for registration."

MRS. FENWICK said the resolution incorporated the principle that before a pupil nurse undertook the practical care of the sick she should prove herself to be suitable mentally, morally, and physically, and be worth training. It was quite ridiculous to argue that a woman totally ignorant of the elements of domestic science and the underlying principles of hygiene was better qualified to undertake the care of the sick in hospital wards than the woman who had learnt the elements of those sciences and given practical evidence of her knowledge. A sound general education and preliminary training in the six preliminaries specified in the resolution were now necessary to give a probationer a fair chance of benefiting by a course of three-years' practical work in the wards.

In advocating any adequate scheme of nursing education, the question of cost could not be ignored. In this connection parents must be encouraged to realize their responsibilities to the female child. Fathers made every effort to fit their sons for the battle of life, but usually lived in hope of some other man coming along to provide for their daughters. This was unjust and demoralizing. Preliminary schools might be organized in connection with the universities in certain centres, and they would certainly be utilized if it were found that totally immature material would not be accepted for training in the nursing schools.

During the three-years' practical work in the wards systematic instruction should be provided by qualified teachers, and power of imparting instruction should be one of the indispensable qualifications of sisters of wards. In the attainment of our earnest desire for better and more systematic nursing education State registration would be the great lever. Until it was in force, there could never be any reliable test of a training-school's standards, and they would remain as they were to-day, an unknown quantity. Until we obtained registration there would never be any satisfactory system of education or discipline for the profession as a whole.

Autocratic coteries in the nursing world should be broken up. No doubt a future generation of matrons would take an active part in the education and examination of nurses; and as under any practical system of registration they would have the same opportunity of testifying to the qualities of character and moral fitness of candidates as they have at present before certificates are awarded, there would be no justification for the absurd statement that "you can't register character." She begged to propose the resolution which she had read to the meeting.

MISS L. L. DOCK said she had much pleasure in seconding the resolution, and would have been glad to do so had it been of a far more stringent character. She was of opinion that it was time that the training-schools realized their educational responsibilities. During the con-

ference considerable emphasis had been laid on the defects of early training. The effect of an adequate system of registration for nurses would be to improve methods of general education. A striking instance of this had already been brought to the notice of the Nurse Board of Examiners in the State of New York. The Regents of the University in New York State found that the requirements of the nurse-training schools as to preliminary education were improving the domestic economy standards. That was a very striking result in so short a time. The resolution, if passed, would not carry compulsion, but the decisions of the council had considerable weight and influence, and for that reason she would have supported it if it had set a more difficult standard. In order to attain the best possible it was often necessary to attempt the impossible. She considered the resolution very reasonable, and that it would have a most salutary effect, and had great pleasure in seconding it.

The resolution was then put to the meeting and carried unanimously.

The president again took the chair, and Miss Dock proposed a hearty vote of thanks to Miss Agnes Snively, the retiring treasurer, for her work and unfailing sympathy with the aspirations of the International Council of Nurses. This proposition was carried by acclamation.

This concluded the business of a most memorable and enjoyable conference, the tone throughout being one of true harmony and bright sisterly fellowship. British, American, and German nurses, who largely composed the meeting, parted with the eager question: "Where and when shall we meet again?"

Re Education.—Numerous papers and letters were handed in from Miss Isla Stewart (England), Fraulein Karll (Germany), Dr. Hamilton (France), Miss Turton (Italy), Mrs. Neill (New Zealand), Miss Farquharson (Victoria), and Miss Child (South Africa).

LAVINIA L. DOCK, Honorary Secretary,
International Council of Nurses.

MEDICAL TREATMENT OF HEMORRHAGE.—The *New York and Philadelphia Medical Journal*, quoting from the *Lancet*, says: "Hare was led by physiological considerations to treat deep-seated hemorrhage (hæmoptysis, etc.) by promoting the fall of the general blood-pressure by widespread vasodilatation, the administration of amyl nitrate by inhalation being the obvious means of fulfilling this indication. Five consecutive attacks of hæmoptysis occurring in four patients were stopped instantaneously by amyl-nitrate inhalation. Hare has not had, so far, an instance of even comparative failure."